

## PT B - FEE(S) TRANSMITTAL

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23280

7590

03/01/2006

DAVIDSON, DAVIDSON & KAPPEL, LLC  
 485 SEVENTH AVENUE, 14TH FLOOR  
 NEW YORK, NY 10018



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	DAVIDSON, DAVIDSON & KAPPEL, LLC	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/840,133

05/06/2004

Albrecht Weiss

5005.1078

7239

TITLE OF INVENTION: MICROSCOPE AND MICROSCOPY METHOD FOR PRODUCING OVERLAY IMAGES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/01/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NGUYEN, THONG Q	2872	359-386000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Darby &amp; Darby

1.

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) **Rec. 11/16/05 R/F: 017223/0863**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Leica Microsystems CMS GmbH Wetzlar, Germany

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. \$1700.00 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Erik R. Swanson

Date 5-30-2006

Registration No. 40,833

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